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AUTHOR Heller, Kenneth; And Others
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ABSTRACT

Community psychology, as a field based primarily on rhetoric and ideology, is in a particularly vulnerable position as changes occur in the social and political climate. A more realistic recognition of the complexities of the change process points to the unique contribution of community psychology as a field of inquiry. A major problem of community psychology has been the conceptual confusion permeating the field, stemming from its use of concepts borrowed from other fields without further specifications. The social support construct is an example of the need for conceptual clarity. Social support research became popular because it fit the increasingly conservative climate of the times. One problem limiting advances in social support research, however, was its reliance on predictive validity, which was maximized at the expense of construct validity. Research was directed toward demonstrating the relationship of social support to health outcomes, and the relationship between support and non-health outcomes received little attention. To have any kind of useful impact, the basic ingredients in social support must be studied, i.e., how it operates, under what conditions people use it, and how it relates to other modes of coping. For research in social support to provide useful intervention strategies it most provide a clearer understanding of its mode of operation. (JAC)

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The gap between rhetoric and knowledge in social support

Kenneth Heller

Ralph W. Swindle

and

Mark R. Fondacaro

Indiana University

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We've all been hearing some rumors lately that community psychology is dead--and that community psychologists are dying--.

These reports of our imminent demise can be tied to the swing toward a more conservative social climate in the country at large. The rhetoric is more pessimistic now. The social activism of the 1960s, which was one of the sparks that gave impetus to our birth, appears old fashioned. Many in today's student population, which should include the next generation of community psychologists, have doubts about the wisdom of aligning themselves with what they perceive to be an unpopular social ideology.

We believe that one of our problems is that a field primarily based on rhetoric and ideology is in a particularly vulnerable position as changes occur in the social and political climate. What is happening to community psychology now is not death--but maturity.

We are beginning to recognize that we need not retreat from attempts at social change, but that we should adopt a more realistic recognition of the complexities of the change process. For example, the "systems changes" we think important do not happen as a result of our actions alone. Social action requires continual effort by organized constituencies. An important role for community psychologists is as facilitators of that change process by providing information about social and psychological variables that impact upon people.

One of the messages we would like to leave with you today is our belief that community psychology does have a future. Its unique contribution is as a field of inquiry. Its value is in the information generated which can be used by citizens to improve their lives. Our power, if we ever had any, is in our ability to provide knowledge about social and environmental influences that can be used for social improvement.

We are arguing that one of community psychology's main tasks is to improve

its knowledge base so that our contributions to society can be more meaningful. While we mourn the changes in federal funding priorities, and plan to continue to work in the political arena to change them—we do not believe that the vitality and direction of community psychology's mission should be so easily controlled by the availability of federal funds.

Perhaps some of you will want to continue this aspect of the discussion later. Now, let us turn to the problem of improving community psychology's knowledge base—using as an illustration the research on social support.

A major problem for community psychology has been the conceptual confusion that permeates our field. The basic themes that distinguish community psychology represent an amalgam of concepts derived from public health, environmental psychology, applied social psychology and organizational psychology, sprinkled with social activism and a helping ethic. This potporri imparts a sense of strength and vitality to community psychology but also is a source of frustration; since a single, clear direction for the field rarely is apparent. Too often our concepts represent metaphors borrowed from different fields of study which defy implementation without further specification.

We would like to illustrate the need for conceptual clarity by using the remaining time allotted to me to discuss the social support construct.

Who could doubt the value of social support? Common sense and folk wisdom tell us that it is better to have friends than not, and that we generally feel better when we can share our lives with someone. The lonely have been known to invent imaginary playmates, or use their pets as supportive companions.

While we can easily understand how social ties can contribute to morale and feelings of well being, the mental health fields suddenly "discovered" social support as a result of a few studies published in the 1970's that

claimed some extraordinary, positive, physical and mental health related effects for social support. Time will not permit a full discussion and critique of what has come to be called the "buffering" hypothesis and we can refer you elsewhere to some excellent recent reviews (Heller & Swindle, in press; Thoits, 1982), but we would like to make a few points about the social support bandwagon.

We believe that research in social support became so popular because it fit the increasingly conservative climate of the times. We could divert our attention from the more difficult job of changing stressful environmental conditions directly, if we could believe that levels of indigenous support were as important to health as were stressful conditions themselves.

The claims made for social support were impressive and a few of the studies were quite good. Unfortunately, one problem limiting advances in our understanding of social support has been that the dominant research style used in these studies has been one of predictive validity. Interest in social support arose because of its supposed health-enhancing, stress-buffering qualities. Research was directed more toward demonstrating the relationship of social support to health outcomes than understanding the complexities of the support concept. The disadvantage of this approach is that predictive validity was maximized at the expense of construct validity. Little attention was given to the fact that the predictors used were extremely heterogenous, and were confounded with other psychosocial variables. Furthermore, the relationship between aspects of support and other non-health outcomes received almost no attention. So now there are important aspects of how social support operates that just have not been investigated. For example, how do network characteristics such as frequency of interaction relate to the perception of being supported? What is the relationship of perceived

support to the kinds of transactions that occur? Asking these kinds of questions about the support concept may have little to do with health outcomes, but are critical in understanding the determinants of support and the multidimensionality of the support construct.

Very early in our own research on social support it became apparent that distinctions needed to be made among a number of support measures. Heller and Swindle (in press) in a recent paper distinguish between four aspects of the support construct: the structure and function of social networks, the personal attributes and competencies of individuals that make it likely that social networks will be accessed and maintained, the cognitive appraisal that support is available, and finally support seeking behaviors that result from the appraisal process.

Factor analyses which we conducted in a number of studies revealed these aspects of support to be independent of one another and to relate to symptomatology and other outcome measures in different ways. For example, Mark Fondacaro studying male college students found that network density and the amount of time spent with network members was positively related to student drinking. Students interacting in denser networks reported higher levels of drinking. Here was an instance in which one measure of support was related to the enhancement of problem behavior not its diminution. On the other hand, network measures were unrelated to symptoms of distress. The best predictors of distress symptomatology were low assertion competence and low perceived support. That is, nonassertive persons who were not satisfied with the levels of support they were receiving from others did report increased distress and worry. So the outcome measures you use also are important (Fondacaro and Heller, Note 1).

We have other data to indicate that measures of social support, competency and coping need to be disentangled and that greater attention needs to be paid to subject characteristics—even those as obvious as sex and age.

In a study by Ralph Swindle (Note 3), college males were asked to solve a series of stressful interpersonal problems. A ten-minute time-out period half-way through the task allowed subjects to talk about the task to a male friend they had brought to the lab, a male stranger, or to think about the problem by themselves. The transactions between subjects and companions were observed and were rated to verify that task relevant interactions were occurring. Results revealed that despite the fact that friends in the study had known each other an average of over two yars and tended to interact daily and that friends in the interaction were rated as providing more problem-solving, and less avoidance than strangers, the support transaction made no difference in terms of the competence of the subject's verbal responses, or the subject's self-rated emotional arousal. Perceived support from friends and family were also unrelated to effectiveness in dealing with the stressor. Only personality and social skill variables were related to performance on this task. In this study, subject characteristics and not environmental supports were the best predictors of the subjects' behavior and feeling states. Other questionnaire data subsequently analyzed led us to the conclusion that social support may be more important for women than for men. We are reminded that much of the social support literature that claims positive effects use women as subjects. What support means for men and how it is most appropriately given remains an intriguing but unanswered question.

Given all of the problems, what do we know about social support that is potentially useful? The original epidemiological research that sparked the

current wave of interest in social support demonstrated that psychosocial assets, broadly defined to include both personal and environmental characteristics, had a role in positive health outcomes. This message was important in order to counter the dominant medical belief that disease and symptomatology were exclusively programmed by internal biological variables. Environmental life style and personal variables do have an important impact. Unfortunately, we have not gone very far beyond this simple demonstration in the research that has accumulated in the past few years.

To have any kind of useful impact, we need to study the basic ingredients in social support, how support operates, under what conditions people use social support, and how support relates to other modes of coping. In our current work we are focusing on social interactions that occur among friends and confidants. For example, in a recently completed study, Mansbach and Heller (Note 2) replicated an earlier finding of Lowenthal and Haven that the presence of a confidant is related to feelings of well being among the elderly. Well, what do friends and confidants do for one another? Can a social interaction between confidants be distinguished from one that occurs between less intimate friends?

There is a gap between the rhetoric of social support and what will probably be more modest and circumscribed research findings. Community psychology has embraced social support somewhat uncritically. The support construct is congruent with our anti-professional bias and our emphasis on indigenous, natural systems. We want people to get closer, to depend more on one another, to return to a "sense of community" in our competitive, geographically mobile and technological society. But when you talk to students from other cultures about social support, as we have, they say: Why do you want to <u>increase</u> supportive networks? Our problem is to free ourselves from

the networks, and the network obligations in which we are constantly immeshed. We need less involvement from our networks, not more.

Will the intensive study of social support once again lead to disillusionment? Another favorite concept dashed on the hard rocks of science.

As the field of social support matures, we are optimistic that we will conclude that social ties <u>are</u> important—but in more circumscribed ways. Perhaps in some problem situations but not others (for example, perhaps to counter loneliness among the elderly—but not for persons pushing to establish independent lives). Perhaps to prevent some clinical conditions (depression) but not others (delinquency or schizophrenia). Perhaps as an aid in some forms of coping but not others.

We would like to see those researchers interested in social support move ahead not by repeating the now all too familiar correlational studies of support as a stress buffer to more varied research, using a variety of experimental, epidemiological and time series designs that focus more closely on explicating the construct, its components, and the social settings in which it operates.

For social support to be useful as an intervention strategy we must more clearly understand its mode of operation. Otherwise, we leave ourselves open to potential disappointment as the field rushes to advocate what may later prove to be the wrong intervention.

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